

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		7/31/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	L-I	1106	9/14/01
RESPONSE FORMALITY REVIEW	M.D.	625	11-21-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	N
6	N
7	N
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	N
17	✓
18	N
19	✓
20	✓
21	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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